## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 277/2010 renewals only.

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger	\$3,281,744	+22.1%
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger	2,309,851	+4.9%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		the state of the s
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		enable and the second of the s
14.	Crop Hail		· · · · · · · · · · · · · · · · · · ·
15.	Other		
10.	Life of Insurance		
•	Does filing only apply to cert Classes? If so,	ain territory (territories) o	certain
	specify: No No		
	Brief description of filing. (If Organization, specify	filing follows rates of an a	advisory
	organization):	Revising BI, PD, COMP,	and COLL base rates only
	organization,		
	*Adjusted to reflect all prior r	ate changes.	
	**Change in Company's prer rates.	mium level which will resu	ult from application of new
		21st Century Insurance	e - AIG National Insurance Company, Inc

21st Century Insurance - AIG National Insurance Company, Inc.

Name of Company

Jackie Belding - Actuarial Pricing Analyst

Official - Title

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effect		I produced by rate revision effective	04/13/2010 Ren & 05/18/2010 New
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	ro 267 600	5.5%
2.	Automobile Physical Damage	\$9,367,698	3.576
۷.	Private Passenger Commercial	\$6,962,610	4.3%
3.	Liability Other Than Auto	ψ0,002,010	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
	es filing only apply to certain territory (ter lies to all territories except the territory factor chang		y:
	ef description of filing. (If filing follows rate program consisting of Territory Relativities, Base F		
	djusted to reflect all prior rate changes. Change in Company's premium level whice	ch will result from application of new rate	es.
			and Alliance Incomes Course
		Alimenca Fin	ancial Alliance Insurance Company  Name of Company
		Susan V	Vhitworth - Product Specialist
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective February 1 February 1	, 2010 for New Business , 2010 for Renewals
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)* - (000)</u>	(3) Percent <u>Change (+ or-)**</u>
Automobile Liability     Passenger Commercial	\$4,809	0%
Automobile Physical Damage     Private Passenger Commercial     Liability Other Than Auto	\$5,551	0%
<ol> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other</li> <li>Line of Insurance</li> </ol>	itories) or certain classes? If so, specify: NO	
Brief description of filing. (If filing follows rate Remove rarely used discount.	es of an advisory organization, specify organization	on):
*Direct Eamed Premium from Annual Staten **Change in Company's premium level which	h will result from application of new rates.  America	n Freedom Insurance Company Name of Company  CEFIN N  ERWRITING SUPERVISOR  Official - Title

Change in Company's premium or rate level produced by rate revision effective NB: 01/25/10 Ren: 03/02/10.

(1) <u>Coveraq</u>	<u>e</u>	(2) Annual P Volume (Il				(3) ercent (+ or -)**		
1. Automobile Liab Private Passe Commercial		\$15,720	,852			3.8%	_	
2. Automobile Phys Private Passe Commercial	nger	\$11,869	,714			-2.5%	- -	
<ol><li>Liability Other</li></ol>							_	
<ol> <li>Burglary and Th</li> <li>Glass</li> </ol>	ert		·			<del></del>	-	
6. Fidelity			<del></del>				_	
7. Surety							_	
8. Boiler and Mach	inerv		***************************************				_	
9. Fire	THET Y						_	
10. Extended Covera	ae							
11. Inland Marine	50						_	
12. Homeowners							_	
13. Commercial Mult	i-Peril						_	
14. Crop Hail								
15. Other					•-		_	
Line of In	surance							
Does filing only a	pply to certain	territory	(territories)	or c	ertain	classes?	Ιf	so,
specify: No		· · · · · · · · · · · · · · · · · · ·						

Brief description of filing. (If filing following rates of an advisory organization, specify organization): Enhancements to our Personal Auto Program which include changes to Base Rates, Territories, Symbols, Model Years, Limits/Deductibles, Age/Type/Use, Group, Discounts/Surcharges, and Miscellaneous items. Please see the filing memorandum for a detailed list of the changes made with this filing.

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company
Name of Company

Hilary Ludema, Manager
Personal Automobile Actuarial Dept.
Official - Title

30004 (6-77)

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

### **SUMMARY SHEET**

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Priva		
Passenger ———	2,141,352	52%
commercial	1,952,388	48%
Automobile Physical Dai	mág	
Private Passenger		
Commercial		
_iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other .		
Life of Insurance		
Does filing only apply to	certain territory (territories) or	certain
Classes? If so,		
specify:	Applies to territories 37, 38, 39, 43, 4	14, 45, and 46
• • •	. (If filing follows rates of an a	idvisory
Organization, specify		
organization):	Rate decrease to be	more competitive in these
territories		
*Adjusted to reflect all p	rior rate changes.	10 F = F =
4401 1- O	premium level which will resu	iit trom application of n

Terry Falls - Workers' Compensation Coordinator
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	04/07/2010
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$2,129,514	4.8%
2.	Automobile Physical Damage		
	Private Passenger	\$1,165,202	5.5%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
		territories) or certain classes? If so, specify:	
No,	this is applicable to all policies.		
		ates of an advisory organization, specify orga	
Rev	ision of base rates, driver age factors, and multi-	car discount and addition of 2011 model year symbol factor	rs.
*^	liveted to reflect all prior rate changes		
	ljusted to reflect all prior rate changes.	hich will result from application of new rates.	
C	nange in Company's premium level wi	flich will result from application of new rates.	
		Citizens Insur	ance Company of Illinois
			ne of Company
		ran	o o our party
		Susan Whitwo	orth - Product Specialist
		0	fficial – Title

Change i	n Company's premium or rate level produ	aced by rate revision effective:	February 5, 2010
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	6,928,245	5.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	3,505,747	3.6%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
	Line of Insurance	The state of the s	
	g only apply to certain territory (territorie	s) or certain classes? If so, specify:	The revision applies
to all terri	tories.		
Brief desc	ription of filing. (If filing follows rates o	f an advisory organization, specify	organization):
Ve are	ription of filing. (If filing follows rates or amending our auto rates,	including base rate ch	nanges, class
ısage a	adjustments and CBR rate r	elativities as well as	changing how we
cate mo	torcycles and introducing	the ISO 2011 vehicle	symbol structure
	d to reflect all prior rate changes.		-
	in Company's premium level which		
	ult from application of new rates.		
WIII 168	art from apprecation of new rates.	COUNTRY Casualty Insurance	Company
		Name of Company	Company
		- ·	
		Ochas a South	·
		Richard A. Smith	
		Chief Property/Casualty Actuary	<u></u>
		Official and Title	

Change i	n Company's premium or rate level produ	aced by rate revision effective:	February 5, 2010
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
_,	Private Passenger	132,396,180	3.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	103,551,142	2.5%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	4 - 4 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		to the state of th
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
10.	Line of Insurance	11-211	
Does filin	g only apply to certain territory (territories	s) or certain classes? If so, specify	The revision applies
to all terri	tories.	<u> </u>	
n : c :		C 1 1	
Brief desc le are	ription of filing. (If filing follows rates of amending our auto rates,	including base rate ch	organization): langes, class
sage a	djustments and CBR rate re	elativities as well as	changing how we
ate mo	torcycles and introducing	the ISO 2011 vehicle	symbol structure
*Adjuste	d to reflect all prior rate changes.		
	e in Company's premium level which		
_	sult from application of new rates.		
WIII 100	and from approaction of new faces.	COUNTRY Mutual Insurance C	Company
		Name of Company	- Company
		Oches a South	<del>, </del>
		Richard A. Smith	
		Chief Property/Casualty Actuary	y
		Official and Title	

Change in	n Company's premium or rate level produ	aced by rate revision effective:	February 5, 2010
	(1)	(2)	(3)
		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	118,933,630	3.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	83,225,857	1.2%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		****
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
10.	Line of Insurance		112,1 22,1 22,1
	Diffe of Insurance		
Does filing to all terri	g only apply to certain territory (territorie	es) or certain classes? If so, specify:	The revision applies
to all telli	WIICS.		
Brief desc le are	ription of filing. (If filing follows rates o amending our auto rates,	f an advisory organization, specify of including base rate ch	organization): anges, class
	djustments and CBR rate r		
	torcycles and introducing		
* A dineted	d to reflect all prior rate changes.		
	e in Company's premium level which		
	ult from application of new rates.		
WIII 105	art from approaction of new rates.	COUNTRY Preferred Insurance	Company
		Name of Company	
		• •	
		Oches a South	<u> </u>
		Richard A. Smith	
		Chief Property/Casualty Actuary	,
		Official and Title	

Change in Company's	premium or	rate level	produced by	y rate
revision effective	02/27/2010		•	

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger	\$2,945,000	+7.5%
Commercial		
2. Automobile Physical Damage		
Private Passenger	\$2,047,000	+0.3%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain	territory (territories) o	or certain classes?
If so, specify: No	(00111001)	
- 4		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Encompass Property and Casualty Company proposes a 4.5% rate level increase to the Illinois Private Passenger Auto insurance program. The rate level change will be accomplished by revising the Auto Base Rates, the Special Value rating factor, and the Model Year rating factors.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

	Encompass Property and Casualty Company
	Name of Company
H	
	Andi Colosi - State Filings Project Manager
	Official - Title

H29219D

(	Change in	Company's premium or rat	te level produced by rate revision effective	06/01/2009 New & Renewal
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		bile Liability		
		e Passenger	\$308573	0.15%
	Comm		MANAGEMENT .	
2.		bbile Physical Damage e Passenger	\$205716	
	Comm	<del>-</del>	9203 / 1U	
3.		y Other Than Auto		
4.		y and Theft		
5.	Glass	<b>,</b>		
6.	Fidelity			
7.	Surety			
8.		and Machinery		
9.	Fire	•		
10.	Extende	ed Coverage		
11.	Inland N	Marine		
12.	Homeo	wners		
13.	Comme	rcial Multi-Peril		
14.	Crop H	ail		
15.	Other	Liability & Phys.	\$514,289	0.15%
		Dam.		
		Line of Insurance		
Does f	iling only	apply to certain territory (t	erritories) or certain classes? If so, specify:	
			s rates of an advisory organization, specify of tor and symbol revisions.	organization):

- \* Adjusted to reflect all prior rate changes.

  \*\* Change in Company's premium level which will result from application of new rates.

Fidelity National Property and Casulaty Insurance Company

Name of Company

#### Section 754.EXHIBIT A

1.

2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

#### **Summary Sheet (Form RF-3)**

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 18, 2010

| (1) Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)* |                     | (3) Percent Change (+ or 1)** |  |  |  |
|--|---|---------------------|-------------------------------|--|--|--|
|  |   |                     |                               |  |  |  |
| Automobile Liability   |   |                     |                               |  |  |  |
| Private Passenger  | \$1,892,776                                 | _(BI/PD)            | 0.0%                          |  |  |  |
| Commercial   |   |                     |                               |  |  |  |
| Automobile Physical Damage   |   |                     |                               |  |  |  |
| Private Passenger  | \$1,468,024                                 | _(Comp/Coll)        | 0.0%                          |  |  |  |
| Commercial   | <del></del>                                 |                     |                               |  |  |  |
| Liability Other Than Auto  |   |                     | * "                           |  |  |  |
| Burglary and Theft   |   | -                   | ******                        |  |  |  |
| Glass  |   | -                   |                               |  |  |  |
| Fidelity   | <del></del>                                 |                     |                               |  |  |  |
| Surety<br>Boiler and Machinery   |   |                     |                               |  |  |  |
| Fire   |   |                     |                               |  |  |  |
| Extended Coverage  |   |                     |                               |  |  |  |
| Inland Marine  |   |                     |                               |  |  |  |
| Homeowners   |   | -                   |                               |  |  |  |
| Commercial Multi-Peril   |   | -                   |                               |  |  |  |
| Crop Hail  | -   | -                   |                               |  |  |  |
| Other  |   | -                   |                               |  |  |  |
| Line of Insurance  |   | -                   |                               |  |  |  |
| Emile of medianes  |   |                     | •                             |  |  |  |
| Does fling only apply to certain territory (to   | erritories) or certair                      | า                   |                               |  |  |  |
| classes? If so, specify:   | N/A   |                     |                               |  |  |  |
|  |   |                     |                               |  |  |  |
|  |   |                     | IL1043) is amended            |  |  |  |
| by addition of the following:  |   |                     |                               |  |  |  |
|  |   | ·                   |                               |  |  |  |
| Two discounts currently offered are being  |   |                     |                               |  |  |  |
| qualified policyholders will retain the discounts), These are the Good Driver and Single Custodial |   |                     |                               |  |  |  |
| Parent Discounts. Corrections to the UW  |   |                     |                               |  |  |  |
| application of the Good Student, Occasio   | nal Operator and D                          | etensive Driver Dis | counts.                       |  |  |  |
|  |   |                     |                               |  |  |  |

FIRST CHICAGO INSURANCE COMPANY

Name of Company

Note: Premiums are 12 month moving totals @09/30/09.

Steven H. Stucker-Product Analysis & Design Manager

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from the application of new rates.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

|   | (1)<br>Coverage                     | (2)<br>Annual Premium<br>Volume (Illinois) *   | (3)<br>Percent<br>Change (+or-) **   |
|---|-------------------------------------|--|--|
| - | Automobile Liability Private        |  |  |
|   | Passenger                           | 235,298  | -5.72%   |
|   | Commercial                          | 200,200  |  |
|   | Automobile Physical Damag           | The second secon | *  |
|   | Private Passenger                   | 26,921   | -1.00%   |
|   | Commercial                          |  |  |
|   | Liability Other Than Auto           | <del></del>  |  |
|   | Burglary and Theft                  | <del>,</del>   |  |
|   | Glass                               |  |  |
|   | Fidelity                            |  |  |
|   | Surety                              | A CONTRACTOR OF THE CONTRACTOR |  |
|   | Boiler and Machinery                |  |  |
|   | Fire                                |  |  |
|   | Extended Coverage                   | <u> </u>   | the second secon |
|   | Inland Marine                       | ,  |  |
|   | Homeowners                          |  | Andready and a supplied and a suppli |
|   | Commercial Multi-Peril              |  |  |
|   | Crop Hail                           | the said the |  |
|   | Other                               | The state of the s | de la  |
|   | Life of Insurance                   |  | the state of the s |
|   | Does filing only apply to certa     | nin territory (territories) or   | certain  |
|   | Classes? If so,                     |  |  |
|   | specify: No                         |  |  |
|   | <u></u>                             |  | · · · · · · · · · · · · · · · · · · ·  |
|   | Brief description of filing. (If f  | iling follows rates of an a  | dvisory  |
|   | Organization, specify               |  |  |
|   | organization):                      | water the same of  | to the Hallmark Insurance  |
|   | Company 612-123 Private Passen      |  | % rate decrease is based on  |
|   | competitive positioning as our resu |  | · · · · · · · · · · · · · · · · · · ·  |
|   | *Adjusted to reflect all prior ra   | ate changes.   | and the second of the second o |
|   | **Change in Company's prem          | nium level which will resu   | it from application of nev   |
|   | rates.                              | f 1_111  | - C  |
|   |                                     | Hallmark Insuranc  | e Company  |
|   |                                     |  |  |
|   |                                     | Na   | me of Company<br>/ert - Product Manager  |

|    | Change in Company's premium or rate level produced by rate revision effective |                               |                                 | February 1, 2010     |
|----|---|-------------------------------|---------------------------------|----------------------|
|    |   |                               |                                 |                      |
|    |   | (2)                           | (3)                             |                      |
|    |   | Annual Premium                | Percent                         |                      |
|    |   | Volume (Illinois)             | Change (+ or -)                 |                      |
|    | Automobile Liability  | volunio (minolo)              |                                 |                      |
|    | Private Passenger   | \$318,636                     | 0.0%                            |                      |
|    | Commercial  | Ψ010,000                      |                                 |                      |
|    | Automobile Physical Damage  |                               |                                 |                      |
|    | Private Passenger   | \$276,811                     | 0.0%                            |                      |
|    | Commercial  | <u> </u>                      | 0.070                           |                      |
|    | Liability Other Than Auto   |                               |                                 |                      |
|    | Burglary and Theft  |                               |                                 |                      |
|    | Glass   |                               |                                 |                      |
|    | Fidelity  | ·                             |                                 |                      |
|    | Surety  |                               |                                 |                      |
|    | Boiler and Machinery  |                               |                                 | i                    |
|    | Fire  |                               |                                 |                      |
|    |   |                               |                                 |                      |
|    | Extended Coverage<br>Inland Marine  |                               |                                 |                      |
|    | Homeowners  |                               |                                 |                      |
|    |   |                               |                                 |                      |
|    | Commercial Multi-Peril  |                               |                                 |                      |
|    | Crop Hail   |                               |                                 |                      |
|    | OtherLine of Insurance  |                               |                                 |                      |
|    | Line of insurance   |                               |                                 |                      |
| es | s filing only apply to certain territory                                      | (territories) or certain clas | ses? If so, specify:            |                      |
|    |   |                               |                                 |                      |
| _  |   |                               |                                 |                      |
|    |   |                               |                                 |                      |
| d  | description of filing. (If filing follow                                      | s rates of an advisory orga   | anization, specify organization | n):                  |
|    | unt Credit Language in the Persona  |                               |                                 | •                    |
|    |   |                               |                                 |                      |
| _  |   |                               |                                 |                      |
|    |   |                               |                                 |                      |
|    |   |                               |                                 |                      |
|    |   |                               |                                 |                      |
|    |   |                               |                                 | nd Indemnity Company |
|    |   |                               | Name o                          | f Company            |
|    |   |                               |                                 |                      |
|    |   |                               |                                 | r. Actuariat Analyst |
|    |   |                               | Offici                          | al - Title           |

|       | Change in Company's premiur              | 2/1/2010                      |                             |  |
|-------|--|-------------------------------|-----------------------------|--|
|       |  |                               |                             |  |
|       |  | (2)                           | (3)                         |  |
|       |  | Annual Premium                | Percent                     |  |
|       |  | Volume (Illinois)             | Change (+ or -)             |  |
| 1.    | Automobile Liability                     |                               |                             |  |
|       | Private Passenger                        | \$80,788                      | 0.0%                        |  |
|       | Commercial                               |                               |                             |  |
| 2.    | Automobile Physical Damage               |                               |                             |  |
|       | Private Passenger                        | \$65,954                      | 0.0%                        |  |
|       | Commercial                               |                               |                             |  |
| 3.    | Liability Other Than Auto                |                               |                             |  |
| 4.    | Burglary and Theft                       |                               |                             |  |
| 5.    | Glass                                    |                               |                             |  |
| 6.    | Fidelity                                 |                               |                             |  |
| 7.    | Surety                                   |                               |                             |  |
| 8.    | Boiler and Machinery                     |                               |                             |  |
| 9.    | Fire                                     | "                             |                             |  |
| 10.   | Extended Coverage                        |                               |                             |  |
| 11.   | Inland Marine                            |                               |                             |  |
| 12.   | Homeowners                               |                               |                             |  |
| 13.   | Commercial Multi-Peril                   |                               |                             |  |
| 14.   | Crop Hail                                |                               |                             |  |
| 15.   | Other                                    |                               |                             |  |
|       | Line of Insurance                        |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               |                             |  |
| Doe   | s filing only apply to certain territory | (territories) or certain clas | ses? If so, specify:        |  |
| NO    |  |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               |                             |  |
| Brief | description of filing. (If filing follow | vs rates of an advisory orga  | nization, specify organizat | tion):   |
|       | unt Credit Language in the Persona       |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               |                             | -  |
|       |  |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               |                             |  |
|       |  |                               | Hartford Casualt            | y Insurance Company  |
|       |  |                               | Name                        | of Company   |
|       |  |                               | 1:41                        | Digitally algred by Michael Concernor, & Vice President Dic cryMichael Opcompon, & Vice President, orUS, orThe Harlford, |
|       |  |                               | Jile Comme                  | Actuariat Analyst  |
|       |  |                               | Offi                        | cial - Title   |

|      | Change in Company's premium or rate level produced by rate revision effective |                               |  | 2/1/2010                |  |
|------|---|-------------------------------|--|-------------------------|--|
|      |   |                               |  |                         |  |
|      |   | (2)                           | (3)                                    |                         |  |
|      |   | Annual Premium                | Percent                                |                         |  |
|      |   | Volume (Illinois)             | Change (+ or -)                        |                         |  |
|      | Automobile Liability  |                               |  |                         |  |
|      | Private Passenger   | \$1,230,853                   | 0.0%                                   |                         |  |
|      | Commercial  |                               |  |                         |  |
|      | Automobile Physical Damage  |                               |  |                         |  |
|      | Private Passenger Commercial  | \$1,071,356                   | 0.0%                                   |                         |  |
|      | Liability Other Than Auto   |                               |  |                         |  |
|      | Burglary and Theft  |                               |  |                         |  |
|      | Glass   |                               |  |                         |  |
|      | Fidelity  |                               |  |                         |  |
|      | Surety  |                               |  |                         |  |
|      | Boiler and Machinery  |                               |  |                         |  |
|      | Fire  |                               |  |                         |  |
| ).   | Extended Coverage   |                               |  |                         |  |
| ١.   | Inland Marine   |                               |  |                         |  |
| 2.   | Homeowners  |                               |  |                         |  |
| 3.   | Commercial Multi-Peril  |                               |  |                         |  |
| 4.   | Crop Hail   |                               |  |                         |  |
| 5.   | Other   |                               |  |                         |  |
|      | Line of Insurance   |                               |  |                         |  |
|      |   |                               |  |                         |  |
|      | s filing only apply to certain territory                                      | (territories) or certain clas | ses? If so, specify:                   |                         |  |
| 0    |   |                               |  |                         |  |
|      |   |                               |  |                         |  |
|      |   |                               |  |                         |  |
|      |   |                               |  | V V -                   |  |
| riet | description of filing. (If filing follow                                      | s rates of an advisory orga   | inization, specity organizat           | (ion):                  |  |
| CCL  | unt Credit Language in the Persona  | al Venicle Manual is being    | revised.                               |                         |  |
|      |   | <del></del>                   | ······································ |                         |  |
|      |   |                               |  |                         |  |
|      |   |                               |  |                         |  |
|      |   |                               |  |                         |  |
|      |   |                               | Hartford Insurar                       | nce Company of Illinois |  |
|      |   |                               |  | of Company              |  |
|      |   |                               | _                                      |                         |  |
|      |   |                               |  | Sr. Actuarial Analyst   |  |
|      |   |                               | Off                                    | icial - Title           |  |

|                  | Change in Company's premiun  | 2/1/2010                                   |                                   |                                   |
|------------------|--|--|-----------------------------------|-----------------------------------|
|                  |  | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -) |                                   |
| 1.               | Automobile Liability Private Passenger Commercial                              | \$0  | 0.0%                              |                                   |
| 2.               | Automobile Physical Damage<br>Private Passenger<br>Commercial                  | \$0  | 0.0%                              |                                   |
| 3.<br>4.<br>5.   | Liability Other Than Auto<br>Burglary and Theft<br>Glass                       |  |                                   |                                   |
| 6.<br>7.<br>8.   | Fidelity<br>Surety<br>Boiler and Machinery                                     |  |                                   |                                   |
| 9.<br>10.<br>11. | Fire Extended Coverage Inland Marine   |  |                                   |                                   |
| 12.<br>13.       | Homeowners<br>Commercial Multi-Peril   |  |                                   |                                   |
| 14.<br>15.       | Crop Hail Other Line of Insurance  |  |                                   |                                   |
| Doe:             | s filing only apply to certain territory                                       | (territories) or certain class             | ses? If so, specify:              |                                   |
|                  | description of filing. (If filing follow<br>unt Credit Language in the Persona |  |                                   | tion):                            |
|                  |  |  |                                   |                                   |
|                  |  |  |                                   | Company of the Midwest of Company |
|                  |  |  |                                   | Sr. <del>Autourial Arralyst</del> |

# Section 754. EXHIBIT A SUMMARY SHEET (Form RF-3)

# FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective March 27, 2010

| (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3)<br>Percent<br>Change (+ or -)** |
|---|--|-------------------------------------|
|   |  |                                     |
| Automobile Liability     Private Passenger     Commercial                     | \$5,502,367  | 12.2%                               |
| Automobile Physical Damage     Private Passenger     Commercial               | \$5,013,740  | 2.4%                                |
| 3. Liability Other Than Auto  |  |                                     |
| Burglary and Theft  |  |                                     |
| 5. Glass  |  |                                     |
| 6. Fidelity   |  |                                     |
| 7. Surety   |  |                                     |
| 8. Boiler and Machinery   |  |                                     |
| 9. Fire   |  |                                     |
| 10. Extended Coverage   |  |                                     |
| 11. Inland Marine   |  |                                     |
| 12. Homeowners  |  |                                     |
| 13. Commercial Multi-Peril  |  |                                     |
| 14. Crop Hail   |  |                                     |
| 15. OtherLine of Insurance  |  |                                     |
| Line of Insurance   | •  |                                     |
|   | ory (territories) or certain classes? If so, specify:  ows rates of an advisory organization, specify or  d Comprehensive coverages. |                                     |
| *Adjusted to reflect all prior rate chan<br>**Change in Company's premium lev | ges.<br>el which will result from application of new rates   |                                     |
| 1) All of the information above is exac                                       | t, not estimated.  |                                     |
|   | IDS Property (   | Casualty Insurance Company          |
|   |  | Name of Company                     |
|   | Δα   | tuarial Associate                   |
|   |  | Official - Title                    |

| (              | Change in Company's premium or rate l   | level produced by rate revision effective  | 1/18/10   |
|----------------|---|--|---|
|                | (1)   | (2)<br>Annual Premium  | (3)<br>Percent  |
|                | Coverage  | Volume (Illinois)*   | <u>Change (+ or -)**</u>                                    |
| 1.             | Automobile Liability  |  |   |
|                | Private Passenger   | \$2,453,857  | -0.7%   |
| _              | Commercial  |  |   |
| 2.             | Automobile Physical Damage  | ¢1 410 201   | 1 10/   |
|                | Private Passenger Commercial  | \$1,419,201  | -1.1%   |
| 3.             | Liability Other Than Auto   |  |   |
| 4.             | Burglary and Theft  |  |   |
| 5.             | Glass   |  |   |
| 6.             | Fidelity  |  |   |
| 7.             | Surety  |  |   |
| 8.             | Boiler and Machinery  |  |   |
| 9.             | Fire  |  |   |
| 10.            | Extended Coverage   |  |   |
| 11.            | Inland Marine   |  |   |
| 12.            | Homeowners  |  |   |
| 13.            | Commercial Multi-Peril  |  |   |
| 14.            | Crop Hail   |  |   |
| 15.            | Other   |  |   |
|                | Line of Insurance   |  |   |
| No - '         | ling only apply to certain territory (terr<br>Though we have revised some territory<br>program that affect our entire book of | ritories) or certain classes? If so, specify: factors with this filing, we have also mad business.             | le revisions to other rating items                          |
| Rate           | lescription of filing. (If filing follows revision in Illinois Farmers Insurance C for Renewals. We propose an overall I      | ates of an advisory organization, specify of company, effective January 18, 2010 for Notate revision of -0.9%. | organization):<br>New Business and March 16,                |
| Incor<br>Renta | porated into this revision are changes to<br>il Reimbursement, Zip Code/Territory,  | o the following rating items: Driving Rec<br>Model Year, Liability Core Discount, Los                          | ord Points, Violation Aging,<br>ss of Use, Glass Deductible |
| Buyb           | ack, Camper/Trailer and Special Theft.  |  |   |
|                | dition, we are providing further rule cla 52: Exception Farmers as Prior.   | rification to rule P28: Good Student Disco   | ount, P51: Underwriting Criteria                            |
|                |   |  |   |

\* Adjusted to reflect all prior rate changes.
 \*\* Change in Company's premium level which will result from application of new rates.

| Illinois Farmers Insurance |  |
|----------------------------|--|
| Company                    |  |
| Name of Company            |  |

Change in Company's premium or rate level produced by rate revision effective NB: 01/25/10 Ren: 03/02/10.

| (1)<br><u>Coverage</u>   | (2) Annual Premium Volume (Illinois)   | (3)<br>Percent<br>Change (+ or -)**  |
|--|--|--|
| <ol> <li>Automobile Liability         Private Passenger         Commercial     </li> </ol> | \$19,333,162   | 6.0%   |
| 2. Automobile Physical Damage<br>Private Passenger<br>Commercial                           | \$15,900,982   | -1.1%  |
| <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> </ol>   | 44.00  |  |
| <ul><li>6. Fidelity</li><li>7. Surety</li><li>8. Boiler and Machinery</li></ul>            |  |  |
| 9. Fire<br>10. Extended Coverage<br>11. Inland Marine                                      |  |  |
| 12. Homeowners<br>13. Commercial Multi-Peril<br>14. Crop Hail                              |  |  |
| 15. Other Line of Insurance  |  |  |
| Does filing only apply to censpecify: No   | rtain territory (territories   | ) or certain classes? If so,   |
| <del>-</del>   |  |  |
| specify organization): Enhance Base Rates, Territories, Symbo                              | ements to our Personal Auto Pols, Model Years, Limits/Deducellaneous items. Please see | s of an advisory organization, rogram which include changes to uctibles, Age/Type/Use, Groups, a the filing memorandum for a |
|  |  |  |
| * Adjusted to reflect all pric<br>** Change in Company's premium                           | or rate changes.<br>level which will result from                                       | application of new rates.  |
|  |  | Owners Insurance Company Name of Company   |

Hilary Ludema, Manager
Personal Automobile Actuarial Dept.
Official - Title

30004 (6-77)

|       | ctive 01/12/10 (1)  | (2)                                     | (3)                             |
|-------|---|---|---------------------------------|
|       | Coverage  | Annual<br>Premium<br>Volume (Illinois)* | Percent<br>Change<br>(+ or -)** |
|       | 1 Automobile Liability  | · • • • • • • • • • • • • • • • • • • • | ( /                             |
| •     | Private Passenger   | 70,674,698                              | -2.81%                          |
| •     | Commercial  |   |                                 |
|       | 2 Automobile Physical Damage  |   |                                 |
| •     | Private Passenger   | 41,345,243                              | -3.49%                          |
| •     | Commercial  |   |                                 |
|       | 3 Liability Other Than Auto   |   |                                 |
|       | 4 Burglary and Theft  | <del></del>                             |                                 |
|       | 5 Glass   | <del></del>                             |                                 |
|       | 6 Fidelity  |   |                                 |
|       | 7 Surety  |   | -                               |
|       | 8 Boiler and Machinery  |   |                                 |
|       | 9 Fire  |   |                                 |
|       | 10 Extended Coverage  |   |                                 |
|       | 11 Inland Marine  |   |                                 |
|       | 12 Homeowners   |   |                                 |
|       | 13 Commercial Multi-Peril   |   |                                 |
|       | 14 Crop Hail  |   |                                 |
|       | 15 Other (Line of Ins.)   |   |                                 |
|       |   |   |                                 |
| Doe   | s filing only apply to certain territory (territories) or cert                      | ain classes? If so, specify:            |                                 |
| Filir | ng applies to all territories and all driver classes.                               |   |                                 |
|       |   |   |                                 |
|       | of description of filling. (If filling follows rate of an advisor<br>anization(s).) | y organization, specify                 |                                 |
| Revi  | ised rates and rules filing for private passenger automobile li                     | ability and physical damage.            |                                 |

<u>Progressive Northern Insurance Company</u> Name of Company

Adjusted base rates, driver class, household member, points, education/occupation, territory, vehicle age,

limits/deductible, discount, full coverage, symbol and rate stability factors.

<u>Mark Arnell - Illinois Product Manager</u> Official - Title

<sup>\*</sup> Current annual premium for Progressive Northern business in the State of Illinois adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

#### **SUMMARY SHEET**

|               | Change in Company's premium or rate   | e level produced by rate revision effective     | 04/01/10                 |
|---------------|---|---|--------------------------|
|               | (1)   | (2)<br>Annual Premium                           | (3)<br>Percent           |
|               | Coverage  | Volume (Illinois)*                              | <u>Change (+ or -)**</u> |
| 1.            | Automobile Liability Private Passenger Commercial   | \$382,637                                       | 38.8%                    |
| 2.            | Automobile Physical Damage Private Passenger  | \$312,446                                       | 2.9%                     |
|               | Commercial  |   |                          |
| 3.            | Liability Other Than Auto   |   |                          |
| 4.            | Burglary and Theft  |   |                          |
| 5.            | Glass   |   |                          |
| 6.            | Fidelity  |   |                          |
| 7.            | Surety  |   |                          |
| 8.            | Boiler and Machinery  |   |                          |
| 9.            | Fire  |   | ****                     |
| 10.           | Extended Coverage   |   |                          |
| 11.           | Inland Marine   |   |                          |
| 12.           | Homeowners  | -   |                          |
| 13.           | Commercial Multi-Peril  |   |                          |
| 14.           | Crop Hail   |   |                          |
| 15.           | Other   |   |                          |
|               | Line of Insurance   |   |                          |
| Does<br>No    | filing only apply to certain territory (to  | erritories) or certain classes? If so, specify: |                          |
| Brief<br>Resp | description of filing. (If filing follows onse Insurance Company is revising the sed Base Rates for BI, PD, UM BI, Me | -   | organization):           |

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

Response Insurance Company Name of Company

Judith A. Cooper, Product Manager
Official - Title

H29219D

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 12/30/09                | •                                   |

|    | (1)                                | (2)                           | (3)   |
|----|------------------------------------|-------------------------------|---|
| -  |                                    | Annual Premium                | Percent                                       |
|    | Coverage                           | Volume (Illinois) *           | _ <u>Change (+or-) **</u>                     |
|    | Automobile Liability Private       |                               |   |
|    | Passenger                          | 239142                        | 6.79  |
|    | Commercial                         |                               |   |
|    | Automobile Physical Damag          |                               | _   |
|    | Private Passenger                  | 111231                        | 3.8   |
|    | Commercial                         |                               |   |
|    | Liability Other Than Auto          |                               |   |
|    | Burglary and Theft                 |                               |   |
|    | Glass                              |                               |   |
|    | Fidelity                           |                               |   |
|    | Surety                             |                               |   |
|    | Boiler and Machinery               |                               |   |
|    | Fire                               |                               |   |
| ). | Extended Coverage                  |                               |   |
| ١. | Inland Marine                      |                               |   |
| 2. | Homeowners                         |                               |   |
| 3. | Commercial Multi-Peril             |                               |   |
| 1. | Crop Hail                          |                               |   |
| 5. | Other                              |                               |   |
| ٠. | Life of Insurance                  |                               |   |
| )  | Does filing only apply to certa    | in territory (territories) or | · cortain                                     |
|    | Classes? If so,                    | in territory (territories) or | Certain                                       |
|    | specify: No                        |                               |   |
|    | specify.                           |                               |   |
|    | Brief description of filing. (If f | iling follows rates of an a   | ndvisorv                                      |
|    | Organization, specify              | 9                             |   |
|    | organization):                     | Sagamore is updating our Ba   | ise Rates for Bodily Injury, Property Damage, |
|    | and Other than Collission.         |                               |   |
|    |                                    |                               |   |
|    | *Adjusted to reflect all prior ra  | te changes.                   |   |
|    | **Change in Company's prem         |                               | Ilt from application of new                   |
|    | rates.                             |                               |   |
|    | rates.                             | Sagamore Insurar              | nce Company                                   |
|    |                                    |                               | me of Company                                 |
|    |                                    | Jeremy Jaynes - C             |   |
|    |                                    | <del></del>                   | Official – Title                              |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| Change in Company's premium or | rate level produced by rate revision |
|--------------------------------|--------------------------------------|
| effective 04/17/2010           |                                      |

| -   | (1)  | (2)<br>Annual Premium          | (3)<br>Percent                         |
|-----|--|--------------------------------|--|
| -   | Coverage   | Volume (Illinois) *            | Change (+or-) **                       |
| 1.  | Automobile Liability Private   |                                | <del></del> -                          |
|     | Passenger  | \$461,308                      | +8.6%                                  |
|     | Commercial   | ,                              |  |
| 2   | Automobile Physical Damag  |                                |  |
|     | Private Passenger  | \$143,666                      | +1.7%                                  |
|     | Commercial   |                                |  |
| 3.  | Liability Other Than Auto  |                                | ************************************** |
| 4.  | Burglary and Theft   | <u></u>                        |  |
| 5.  | Glass  |                                |  |
| 6.  | Fidelity   |                                |  |
| 7.  | Surety   |                                |  |
| 8.  | Boiler and Machinery   |                                |  |
| 9.  | Fire   |                                |  |
| 10. | Extended Coverage  |                                |  |
| 11. | Inland Marine  |                                |  |
| 12. | Homeowners   |                                |  |
| 13. | Commercial Multi-Peril   |                                |  |
| 14. | Crop Hail  |                                |  |
| 15. | Other Life of Insurance  |                                |  |
| •   | Does filing only apply to certa Classes? If so,  | ain territory (territories) or | certain                                |
|     | specify: No No   |                                |  |
|     | Brief description of filing. (If f<br>Organization, specify<br>organization):<br>updating the Model year base to 2 | We are revising the B          | ase Rates by coverage, We are          |
|     | introducing a late payment fee of  | \$5.                           |  |
|     | *Adjusted to reflect all prior ra **Change in Company's pren   |                                | ılt from application of new            |
|     | rates.   | _                              |  |
|     |  |                                | al Insurance Company                   |
|     |  |                                | me of Company                          |
|     |  | Stacey Bitler - Ass            |  |
|     |  | ı                              | Official – Title                       |

| Change in Company's premium or rate level produced by rate revision effective |   |  | 05/06/2010                                    |
|---|---|--|---|
|   | (1)   | (2) Annual Premium   | (3) Percent                                   |
|   | Coverage  | Volume (Illinois)*   | <u>Change (+or -)**</u>                       |
| 1.  | Automobile Liability Private Passenger Commercial   | \$27,935,060   | 0.0%  |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial   | \$23,139,662   | 0.0%  |
| 3.  | Liability Other Than Auto   |  |   |
| 4.  | Burglary and Theft  |  |   |
| 5.  | Glass   |  |   |
| 6.  | Fidelity  |  |   |
| 7.  | Surety  |  |   |
| 8.  | Boiler and Machinery  |  |   |
| 9.  | Fire  |  |   |
| 10.   | Extended Coverage   |  |   |
| 11.   | Inland Marine   |  |   |
| 12.   | Homeowners  |  |   |
| 13.   | Commercial Multi-Peril  |  |   |
| 14.   | Crop Hail   |  |   |
| 15.   | Other   |  |   |
|   | Line of Insurance   |  |   |
|   | ling only apply to certain territory (te affects all areas of state.  | rritories) or certain classes? If so, specify  | ;   |
| Brief d<br>Implen   | nented 75 Symbol relativities, revised  | rates of an advisory organization, specify base rates, symbol relativities, deductible | organization):<br>relativities and motorcycle |
| ** Ch   | ljusted to reflect all prior rate changes<br>lange in Company's premium level wl<br>sult from application of new rates. |  |   |

United Services Automobile Association

Name of Company

#### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective 05/06/2010 |  |  |                         |
|--|--|--|-------------------------|
|  | (1)  | (2)<br>Annual Premium  | (3)<br>Percent          |
|  | Coverage   | Volume (Illinois)*   | <u>Change (+or -)**</u> |
| 1.   | Automobile Liability   |  |                         |
|  | Private Passenger  | \$21,601,284   | 0.0%                    |
|  | Commercial   |  |                         |
| 2.   | Automobile Physical Damage   |  | 0.0 %                   |
|  | Private Passenger<br>Commercial  | \$17,286,579   | 0.0%                    |
| 3.   | Liability Other Than Auto  |  |                         |
| 4.   | Burglary and Theft   |  |                         |
| 5.   | Glass  |  |                         |
| 6.   | Fidelity   |  |                         |
| 7.   | Surety   |  |                         |
| 8.   | Boiler and Machinery   |  |                         |
| 9.   | Fire   |  |                         |
| 10.  | Extended Coverage  |  |                         |
| 11.  | Inland Marine  |  |                         |
| 12.  | Homeowners   |  |                         |
| 13.  | Commercial Multi-Peril   |  |                         |
| 14.  | Crop Hail  |  |                         |
| 15.  | Other  |  |                         |
|  | Line of Insurance  |  |                         |
| Does fi  | ling only apply to certain territory (ter  | ritories) or certain classes? If so, specify:  |                         |
|  | affects all areas of state.  | incines, or cerami classes. If so, openly.   |                         |
| Brief d  | lescription of filing. (If filing follows nented 75 Symbol relativities, revised | rates of an advisory organization, specify base rates, symbol relativities, deductible |                         |
|  |  |  |                         |

\* Adjusted to reflect all prior rate changes.
 \*\* Change in Company's premium level which will result from application of new rates.

USAA CASUALTY INSURANCE COMPANY

Name of Company

## **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective 05/00 |   |   | 05/06/2010   |
|---|---|---|--|
|   | (1)   | (2)<br>Annual Premium   | (3)<br>Percent   |
|   | <u>Coverage</u>   | Volume (Illinois)*  | <u>Change (+or -)**</u>                                    |
| 1.  | Automobile Liability  |   |  |
|   | Private Passenger<br>Commercial   | \$1,657,517   | 0.0%   |
| 2.  | Automobile Physical Damage  |   | 0.0%   |
|   | Private Passenger<br>Commercial   | \$1,256,773   | 0.0%   |
| 3.  | Liability Other Than Auto   |   |  |
| 4.  | Burglary and Theft  |   |  |
| 5.  | Glass   |   |  |
| 6.  | Fidelity  |   |  |
| 7.  | Surety  |   |  |
| 8.  | Boiler and Machinery  |   |  |
| 9.  | Fire  |   |  |
| 10.   | Extended Coverage   |   |  |
| 11.   | Inland Marine   |   |  |
| 12.   | Homeowners  |   |  |
| 13.   | Commercial Multi-Peril  |   |  |
| 14.   | Crop Hail   |   |  |
| 15.   | Other   |   |  |
|   | Line of Insurance   |   |  |
|   | ling only apply to certain territory (te affects all areas of state.  | rritories) or certain classes? If so, sp  | ecify:   |
| Brief d<br>Implen   | escription of filing. (If filing follows nented 75 Symbol relativities, revised ties.                           | rates of an advisory organization, sp<br>base rates, symbol relativities, deduc | ecify organization):<br>ctible relativities and motorcycle |
| ** Ch   | ljusted to reflect all prior rate changes ange in Company's premium level whoult from application of new rates. |   |  |
|   |   |   |  |
|   |   | 1   | USAA Garrison  |
|   |   | <del>-</del>  | Name of Company  |
|   |   |   | • •  |
|   |   |   |  |

#### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective |  |  | 05/06/2010  |
|---|--|--|---|
|   | (1)  | (2)<br>Annual Premium  | (3)<br>Percent                                      |
|   | <u>Coverage</u>  | Volume (Illinois)*   | <u>Change (+or -)**</u>                             |
| 1.  | Automobile Liability   |  | 0.00  |
|   | Private Passenger<br>Commercial  | \$2,301,494  | 0.0%  |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial                  | \$2,515,468  | 0.0%  |
| 3.  | Liability Other Than Auto  |  |   |
| 4.  | Burglary and Theft   |  |   |
| 5.  | Glass  |  |   |
| 6.  | Fidelity   |  |   |
| 7.  | Surety   |  |   |
| 8.  | Boiler and Machinery   |  |   |
| 9.  | Fire   |  |   |
| 10.   | Extended Coverage  |  |   |
| 11.   | Inland Marine  |  |   |
| 12.   | Homeowners   |  |   |
| 13.   | Commercial Multi-Peril   |  |   |
| 14.   | Crop Hail  |  |   |
| 15.   | Other  |  |   |
|   | Line of Insurance  |  |   |
|   | iling only apply to certain territory (to affects all areas of state.          | erritories) or certain classes? If so, specif  | fy:   |
| Brief o   | description of filing. (If filing follownented 75 Symbol relativities, revised | s rates of an advisory organization, specif<br>d base rates, symbol relativities, deductib | fy organization):<br>le relativities and motorcycle |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

> USAA GENERAL INDEMNITY COMPANY

Name of Company

| (   | Change in Company's premium or ra       | ate level produced by rate revision effective    | 04/01/2010               |
|-----|---|--|--------------------------|
|     | (1)                                     | (2)<br>Annual Premium                            | (3)<br>Percent           |
|     | Coverage                                | Volume (Illinois)*                               | <u>Change (+ or -)**</u> |
| 1.  | Automobile Liability                    |  |                          |
|     | Private Passenger                       | \$794,796  | 39.8%                    |
|     | Commercial                              |  |                          |
| 2.  | Automobile Physical Damage              |  |                          |
|     | Private Passenger                       | \$480,135  | 3.1%                     |
|     | Commercial                              |  |                          |
| 3.  | Liability Other Than Auto               |  |                          |
| 4.  | Burglary and Theft                      |  |                          |
| 5.  | Glass                                   |  |                          |
| 6.  | Fidelity                                |  |                          |
| 7.  | Surety                                  |  |                          |
| 8.  | Boiler and Machinery                    |  |                          |
| 9.  | Fire                                    |  |                          |
| 10. | Extended Coverage                       |  |                          |
| 11. | Inland Marine                           |  |                          |
| 12. | Homeowners                              |  |                          |
| 13. | Commercial Multi-Peril                  |  |                          |
| 14. | Crop Hail                               |  |                          |
| 15. | Other                                   |  |                          |
|     | Line of Insurance                       |  |                          |
|     |   |  |                          |
|     | iling only apply to certain territory ( | territories) or certain classes? If so, specify: |                          |
| No  |   |  |                          |
|     |   |  |                          |
|     |   |  |                          |
|     |   | vs rates of an advisory organization, specify    | organization):           |
| Rev | ised base rates for BI, PD, UM          | I BI, Med Pay, and Comp.                         |                          |
|     |   |  |                          |
|     |   |  |                          |

\* Adjusted to reflect all prior rate changes.

Warner Insurance Company
Name of Company

Judith Cooper,
Product Manager

Official - Title

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision Effective 3/1/2010

|     | (1) Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-----|----------------------------|---|-------------------------------------|
| 1.  | Automobile Liability       |   |                                     |
|     | Private Passenger          | 13,792,623                                  | 7.30%                               |
|     | Commercial                 |   |                                     |
| 2.  | Automobile Physical Damage |   |                                     |
|     | Private Passenger          | 8,772,284                                   | 0.00%                               |
|     | Commercial                 |   |                                     |
| 3.  | Liability Other Than Auto  | 1,083,118                                   | 0.00%                               |
| 4.  | Burglary and Theft         |   |                                     |
| 5.  | Glass                      |   |                                     |
| 6.  | Fidelity                   |   |                                     |
| 7.  | Surety                     |   |                                     |
| 8.  | Boiler and Machinery       |   |                                     |
| 9.  | Fire                       |   |                                     |
| 10. | Extended Coverage          |   |                                     |
| 11. | Inland Marine              | 1,048,436                                   | 0.10%                               |
| 12. | Homeowners                 | 10,443,831                                  | 2.20%                               |
| 13. | Commercial Multi-Peril     |   |                                     |
| 14. | Crop Hail                  |   |                                     |
| 15. | Worker's Compensation      |   |                                     |
| 16. | Other Dwelling Fire        | 719,386                                     | 0.10%                               |
|     | Line of Insurance          |   |                                     |

Does filing only apply to certain territory (territories) or cetain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization:

In H+H's Personal Auto the BI premiums for all territories were increased by an average +7.5%, PD by +4.0%, Med Pay by +10.0%, UIM by +25.0% and UM were reduced by -1.7%. Motorcycle premiums (within Personal Auto) were increased by an average +5.1%. This resulted in an average Personal Auto rate change for all territories of +4.2%. In H+H's Homeowners section HO 03 premiums were increased by an average of +2.0%, HO 06 premiums by +0.1% and HO 04 rates were reduced by -0.9%. Water Backup coverage was increased by +5.0% for an average Homeowner rate change for all territories of +2.1%. Inland Marine rates (within HO) were increased by an average of +0.1%. Dwelling Property rates were also increased by an average of +0.1%. All H+H rate changes in total result in an overall average H+H rate change of approximately +3.3%.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

| <br>West Bend Mutual Insurance Company |  |
|--|--|
| Name of Company                        |  |